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Jonathan R. Sick McAndrews, Held & Malloy, Ltd. 34th Floor 500 West Madison Street				I hereby certify that t States Postal Service	ertificate of Mailing or Tran this Fee(s) Transmittal is beir with sufficient postage for fi til Stop ISSUE FEE address PTO (703) 746-4000, on the	ng deposited with the Un
Chicago, IL 60661				Jonathan R.	Sick A	(Depositor's na
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				June 23, 20	05	(D
APPLICATION NO.	FILING DATE		FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/782,177	02/17/2004	Roger F. Bernar		nards	13065US02	4502
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	06/24/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
BRUNSMAN, DAVID M		1755		106-162200	-	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. MCAndrews, Held & Malloy, Ltd.			
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (p	rint or type)		
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear T a substitute for	on the patent. If an assig filing an assignment.	nee is identified below, the 65/28/2005 MBERHE1 0000	document has been filed 0125 130017 1078217
(A) NAME OF ASSIGN	IEE	(E	B) RESIDENCE: (CITY and STATE OR CO	OUNTRY) L FC:1501 1400.00	DA
Electrochemicals, Inc.			Maple P1	ain, Minnesota	2 FC:1504 300.00	2
Please check the appropriate	e assignee category or catego			<u> </u>	Corporation or other private gr	oup entity Governm
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☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 13-0017 (enclose an extra copy of this form).			
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5. Change in Entity Status	(from status indicated above	(:				

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☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Date ____

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June 23, 2005

43,920

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Jonathan R. Sick

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